



# YOUTH SERVICES DIVISION

## OUT OF STATE FACILITY REVIEW

Youth Interviewed: \_\_\_\_\_ Facility Visited: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Staff Interviewed: \_\_\_\_\_

Is state license current? ☐ Yes ☐ No Lic # \_\_\_\_\_ Exp. Date \_\_\_\_\_

### COUNSELING:

**Group** ☐ Yes ☐ No Minutes/hours/session: \_\_\_\_\_ Days/Week \_\_\_\_\_

Comments: \_\_\_\_\_

**Individual** ☐ Yes ☐ No Minutes/hours/session: \_\_\_\_\_ Days/Week \_\_\_\_\_

Comments: \_\_\_\_\_

**Family** ☐ Yes ☐ No Minutes/hours/session: \_\_\_\_\_ Days/Week \_\_\_\_\_

Comments: \_\_\_\_\_

**Qualifications of Counseling Staff** \_\_\_\_\_

Comments: \_\_\_\_\_

### EDUCATION:

Accredited by the State: ☐ Yes ☐ No Accrediting Agency: \_\_\_\_\_

Credits transferable: ☐ Yes ☐ No

High School track? ☐ Yes ☐ No

GED track: ☐ Yes ☐ No GED testing available? ☐ Yes ☐ No

Hours/days in school: \_\_\_\_\_

### PHYSICAL PLANT

School: ☐ Good ☐ Fair ☐ Poor Comments: \_\_\_\_\_

Sleeping Quarters: ☐ Good ☐ Fair ☐ Poor Comments: \_\_\_\_\_

General Purpose Area (s): ☐ Good ☐ Fair ☐ Poor Comments: \_\_\_\_\_

Outdoor Areas: ☐ Good ☐ Fair ☐ Poor Comments: \_\_\_\_\_

Food Preparation Area(s): ☐ Good ☐ Fair ☐ Poor Comments: \_\_\_\_\_

Dining Area(s): ☐ Good ☐ Fair ☐ Poor Comments: \_\_\_\_\_

### HEALTH/SAFETY

Noticeable Concerns/Hazards: ☐ Yes ☐ No Comments: \_\_\_\_\_

Fire Alarms: ☐ Yes ☐ No Comments: \_\_\_\_\_

Sprinkler system operational: ☐ Yes ☐ No Comments: \_\_\_\_\_

Fire Drills: ☐ Yes ☐ No Comments: \_\_\_\_\_

Emergency Exits Accessible: ☐ Yes ☐ No Comments: \_\_\_\_\_

Emergency Exit Diagrams: ☐ Yes ☐ No Comments: \_\_\_\_\_

Overall Cleanliness: ☐ Yes ☐ No Comments: \_\_\_\_\_

Trip Hazards: ☐ Yes ☐ No Comments: \_\_\_\_\_  
Building Temps Appropriate: ☐ Yes ☐ No Comments: \_\_\_\_\_  
Lighting Appropriate: ☐ Yes ☐ No Comments: \_\_\_\_\_

**POLICY REVISIONS IN THE PAST THREE MONTHS (If yes attach revised policy)**

Medical Services: ☐ Yes ☐ No Comments: \_\_\_\_\_  
Medication: ☐ Yes ☐ No Comments: \_\_\_\_\_  
Isolation/Confinement: ☐ Yes ☐ No Comments: \_\_\_\_\_  
Use of Force/Restraints: ☐ Yes ☐ No Comments: \_\_\_\_\_  
Suicide Prevention: ☐ Yes ☐ No Comments: \_\_\_\_\_

**RECREATION**

Frequency: \_\_\_\_\_ Comments: \_\_\_\_\_

*Activities:*

Indoor: ☐ Yes ☐ No Comments: \_\_\_\_\_  
Outdoor: ☐ Yes ☐ No Comments: \_\_\_\_\_  
Off Grounds: ☐ Yes ☐ No Comments: \_\_\_\_\_

**GENERAL OBSERVATIONS, COMMENTS, OR CONCERNS:**